

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4		3				
5		3				
6	1					
7		1				
8		1				
9		1				
10	1					
11		1				
12		1				
13		1				
14	1					
15	1					
16		2				
17	1					
18	1					
19	1					
20		1				
21	1					
22		1				
23	1					
24		1				
25	1					
26	1					
27	1					
28		5				
29	1					
30						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	15					
TOTAL DEP.	23					
TOTAL CLAIMS	38					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
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62						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						